

Reginald Herbin 349-16-07102
R.N.D.C. (C-74)
11-11 Hazen Street
E. Elmhurst, N.Y. 11370

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.
★ OCT 13 2016 ★
BROOKLYN OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
PRO SE OFFICE
U.S. COURTHOUSE
225 CADMEN PLAZA EAST
BROOKLYN NEW YORK 11201

October 5, 2016

Re.: Herbin v. Blake

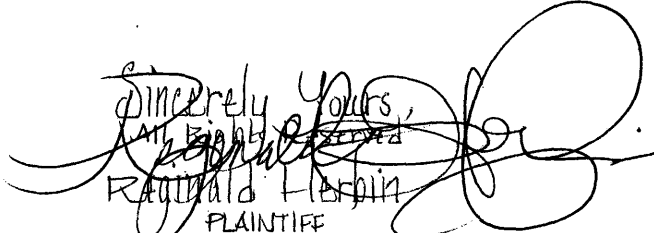
Case No.: 1:14-CV-03636-SLT-JO

Dear Sir / Madam,

Herein again enclosed was sent to your Office as Part III or as an exhibit of Requests repeatedly made to the Grievance Department of this Institution (R.N.D.C.) requesting them to take action with the Legal Aid Department of this facility to grant me an interview, after [2] months. Where I eventually had to complain to the Legal Aid Society to assist me.

I sent this as proof for and to the Honorable Justice Townes that I made efforts to use the Legal Aid service in this facility to assist me in acquiring access to the original documents pertaining to the case matter referenced above so as that I could have responded to the Defendant's Motion to Dismiss my case/Complaint by the aforesaid deadline.

Therefore I'm re-sending just in case it can still be added to the previous parts.

Sincerely Yours,

Reginald Herbin
PLAINTIFF

FILED AT AUG 10/2016

Reginald Herbin (349-16-07102)

R.N.D.C.

11-11 HAZEN STREET

E. ELMHURST N.Y. 11370

EXHIBIT A

THE LEGAL AID SOCIETY
PRISONER'S RIGHTS
199 WATER STREET
NEW YORK N.Y. 10038
(212) 577-3530

August 9, 2016

Re: LEGAL AID @ RNDC
INTERVIEW REQUEST

COMPLAINT

B#C No.: 349-16-07102

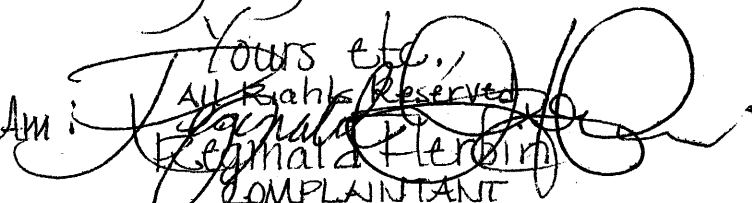
Dear Sir/Madam,

I write you today to file a formal Complaint concerning the denial of Legal Aid service here at the Robert N. Davoren Correction Complex.

I was interviewed at MDC complex on June 29, 2016 and transferred before I could complete my Circumstance. I was transferred to RNDC on July 5, 2016. Since my arrival I have requested an interview from Legal Aid to address an legal issue to date to no avail.

The legal Aid Dept. has failed me in addressing my legal affairs and has caused me great hardship and inconvenience in a resolving my issues.

cc:file RH

Yours etc.,
All Rights Reserved
I Am: 
Reginald Herbin
COMPLAINANT



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Herbin</i>	Book & Case #: <i>349-16-07102</i>	NYSID # (optional): <i>06412624K</i>	
Facility: <i>RNDC</i>	Housing Area: <i>6U19</i>	Date of Incident: <i>7/8/16</i>	Date Submitted: <i>7/13/16</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *I have been submitting interview slips/forms to see ~~MANUEL H. SAMUEL~~ & Legal Aid on 7/5, 7/6, 7/8 regarding assistance on issues and have not been seen.*

Action Requested by Inmate: *To be interviewed by Social Services & Legal Aid Dept ASAP.*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☐ Yes ☒ No
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature: *[Signature]*Date of Signature: *7/12/16*

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

MAILED OUT JULY 23, 2016

Form: # 7101R, Eff.: 09/10/12, Rev.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Herbin, R.	Book & Case #: 349-16-07102	NYSID # (optional): 06412624K	
Facility: RNDC	Housing Area: 6U19	Date of Incident: Jul 22, 16	Date Submitted: Jul 22, 16

All grievances and requests must be submitted within ten business days after the incident occurs, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: **Grievant has been requesting an Legal Aid interview on several occasions since July 7, 2016 concerning legal matters and Legal Aid is denying & refusing to grant this Grievant an interview.**

Action Requested by Inmate

To grant Grievance an interview to resolve his legal issues.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☐ Yes ☒ No
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

ALL RIGHTS RESERVED

Reginald Herbin

Date of Signature:

7/22/16

For DOC Office Use Only

**IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.**

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Herbin, Reginald	Book & Case #: 349-16-07102	NYSID # (optional): 06412624K	
Facility: R.N.D.C	Housing Area: 6U19	Date of Incident: 7/29/16	Date Submitted: 7/30/16

All grievances and requests must be submitted within ten business days after the incident occurs, unless the condition or issue is on-going. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: Legal Aid is refusing to grant me an interview regarding legal aid assistance concerning court matters since June 29, 2016

Action Requested by Inmate: grant me a legal aid interview

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☐ Yes ☒ No
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

All Rights Reserved
 Reginald Herbin

Date of Signature:

7/30/16

For DOC Office Use Only

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 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

MAILED - OUT. AUG 31 2016

Form: # 7101R, Eff.: 09/10/12, 3.1.1: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>Harbin, Rigmald</u>	Book & Case #: <u>349-16-07102</u>	NYSID # (optional):	
Facility: <u>R.N.D.C.</u>	Housing Area: <u>6 U19</u>	Date of Incident: <u>8/2/16</u>	Date Submitted: <u>8/2/16</u>

All grievances and requests must be submitted within ten business days after the incident occurs unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement upon collection by Inmate Grievance and Request Program (IGRP) staff. IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: LEGAL AID IS REFUSING TO GRANT GREIVANT AN INTERVIEW SINCE JUNE 29, 2016

Action Requested by Inmate: GRANT GREIVANT AN INTERVIEW TO RESOLVE HIS LEGAL ISSUES.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☒

Yes

No

Do you need the IGRP staff to write the grievance or request for you?

☒

Yes

No

Have you filed this grievance or request with a court or other agency?

☒

Yes

No

Did you require the assistance of an interpreter?

☒

Yes

No

Inmate's Signature: [Signature]

Date of Signature: 8/2/16

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Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>Herbin, Reginald</u>	Book & Case #: <u>349-16-07102</u>	NYSID # (optional):	
Facility: <u>R.N.D.C.</u>	Housing Area: <u>6 U19</u>	Date of Incident: <u>8/2/16</u>	Date Submitted: <u>8/4/16</u>

All grievances and requests must be submitted within ten business days after the incident occurs unless the condition or issue is on-going. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

LEGAL AID IS REFUSING TO GRANT GRIEVANT AN INTERVIEW SINCE JUNE 29, 2016

Action Requested by Inmate

GRANT GRIEVANT AN INTERVIEW TO RESOLVE HIS LEGAL ISSUES.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐ Yes

No

Do you need the IGRP staff to write the grievance or request for you?

☐ Yes

No

Have you filed this grievance or request with a court or other agency?

☒ Yes

No

Did you require the assistance of an interpreter?

☐ Yes

No

Inmate's Signature:

Reginald Herbin

Date of Signature:

8/4/16

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
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Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>Harbin, Rigmald</u>	Book & Case #: <u>349-16-07102</u>	NYSID # (optional):	
Facility: <u>R.N.D.C.</u>	Housing Area: <u>6 U19</u>	Date of Incident: <u>8/2/16</u>	Date Submitted: <u>8/5/16</u>

All grievances and requests must be submitted within ten business days after the incident occurs unless the condition or issue is on-going. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

LEGAL AID IS REFUSING TO GRANT GREIVANT AN INTERVIEW SINCE JUNE 29, 2016

Action Requested by Inmate:

GRANT GREIVANT AN INTERVIEW TO RESOLVE HIS LEGAL ISSUES.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐ Yes

Yes

No

Do you need the IGRP staff to write the grievance or request for you?

☐ Yes

Yes

No

Have you filed this grievance or request with a court or other agency?

☒ Yes

Yes

No

Did you require the assistance of an interpreter?

☐ Yes

Yes

No

Inmate's Signature:

[Handwritten Signature]
All Rights Reserved

Date of Signature:

8/5/16

For DOC Office Use Only

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Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

UNITED STATES DISTRICT COURT

**EASTERN DISTRICT OF NEW YORK
PRO SE OFFICE
U.S. COURTHOUSE
225 CADMAN PLAZA EAST
BROOKLYN NEW YORK 11201**

September 29, 2016

**Reginald Herbin 349-16-07102
R.N.D.C. (C-74)
11-11 Hazen Street
E. Elmhurst, NY 11370**

Dear Mr. Herbin,

We are writing in response to your letter(s) to the United States District Court for the Eastern District of New York received on: September 13th 2016.

The Court cannot act upon your submission(s). The Court can only act upon a complaint or a petition. The Pro Se Office cannot accept courtesy copies of your action at The Legal Aid Society.

Any papers you wish to submit to this Court must be sent to this Office at the address listed above. This Office cannot offer any advice regarding the merits of your case.

We hope this information is of assistance to you. Should you have any further questions, please contact this Office.

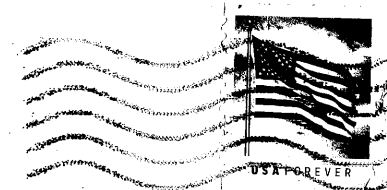
Sincerely,


The Pro Se Office

Reginald Herbin 349-16-07102
R.N.D.C.
11-11 Hazen Street
E. Elmhurst, N.Y. 11370

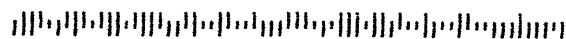
NEW YORK NY 100

21 OCT 2016 PM 7 L



U.S. DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
PRO SE OFFICE
U.S. COURTHOUSE
225 CADMAN PLAZA EAST
BROOKLYN, NEW YORK 11201

11201-183299



LEGAL MAIL

ALL: PRO SE OFFICE